

STATE OF NEW HAMPSHIRE DEPARTMENT OF EDUCATION

Bureau of Credentialing 101 Pleasant Street, Concord, NH 03301 Phone: 603-271-2408 Fax: 603-271-4134

Transmittal Form

Certification Renewal for Educators Employed under a Master Plan who choose to pay by check

Note: The Superintendent of Schools will make the renewal recommendation on line.

For employed educators paying by check: If you prefer to pay by check, you can still establish an account to review your file. If paying by check, please use this transmittal form to ensure accurate processing of your credential.

PAYMENT: The check is made out to the State of New Hampshire in the amount of \$130.00 and should be mailed to the above address.

Please Print or Type: * - required fields					
*Teacher # or Social Security Number					
Name:					
	* Last Name	* First N	ame	* MI	* Maiden
* Mailing Address					
	* City	*	State		* Zip
	* Telephone number Alt. Tele			* Email Address	
PLEASE CIRCLE APPROPRIATE ANSWERS					
1.	* Have you ever been convicted of a felony? Yes No YES, ATTACH EXPLANATION				
2.	* Have you ever had a teaching credential revoked? Yes No IF YES, ATTACH EXPLANATION				
3a.	Are you: (check one) Hispanic or Lati	ino? No, not H	ispanic or Lat	ino Yes, l	Hispanic or Latino
3b.	What is your race?: (Choose one or more) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White				
NOTE: The General Special Education/Early Childhood Special Education endorsement must be maintained in order to renew a categorical area (Emotional and Behavioral Disabilities, Specific Learning Disabilities, Intellectual and Developmental Disabilities and Physical and Health Disabilities)					
Check boxes that apply: I DO NOT wish to renew this endorsement(s) from my list:					

Teacher's Signature

Date

PLEASE NOTE: United States Postal Mail will <u>NOT</u> be forwarded if your address changes after we receive this form. You must notify us of your new address, and/or change of name. Credentials will NOT be mailed to your place of employment.